

Mar 13, 2018

Education Committee
CT

Dear Members of the Education Committee, Committee,

As an advocate with Food Allergy Research & Education, I am writing to you to voice my support of HB 5452. The bill addresses important concerns regarding the safety of students, including allowing school transportation personnel to intervene in an allergic emergency, having the state update current school food allergy guidelines, and putting policies in place to keep food allergic students safely participating in culinary programs.

Dear Sir or Madam,

March 13, 2018

My youngest son Adam has grown out of 18 different food allergies so that by the time he was in 4th grade, he now had 3 remaining allergies to dairy, egg and shellfish. These remaining allergies have also triggered his most severe reactions. Adam has suffered in total 9 severe reactions before he was in 8th grade. Many of these reactions required a 2nd dose of Epinephrine and hospitalization. These reactions occurred in a variety of venues- including at school / school activities. Adam's reactions have also varied in how they presented, sometimes driving him into an air panic where he decompensated so quickly that even had he been old enough to potentially self administer his Epinephrine (or alternately by the time myself, a seasoned healthcare professional and an EMT, was able to determine what was going on) Adam was incapacitated and unable to self inject. Adam's, and indeed anaphylactic reactions in general, are unpredictable but what can be known is how thankful I am that I was, there at the right time to act. At school, especially outside the classroom, around the periphery and at the extracurriculars I knew Adam would need a back-up.

In grammar school bus rides were a concern. While the policy is no eating on the bus the reality is (ask your own kids, or nieces, nephews or grandkids) bus rides are often a food fest. To ask kids and families to behave in accordance with the established Dept of Education policy or ask the bus driver to act as the enforcer against eating on the bus, establishes a dynamic that has parents rationalizing their kids need to eat; to squeeze in a meal on the way to and from school or their next school event, socialize, or celebrate sports events- and instead of isolating the allergen- ostracizes the allergic child. The precautions one would like to undertake to limit the potential for allergen exposure in an enclosed environment such as the bus are either un-realistic, unwelcome or not endorsed.

Now think of the popular snack foods, the powdered cheese snacks (dairy allergen) such as Smartfood popcorn, Doritos, Jax, Cheetos and the like. Now please try to recall the Cheetos commercial, that ran for albeit a short time, where a Cheetos devotee made large orange cheesy finger stripes all over the back shoulder of white suit jacket of someone they didn't like, the camera filming from the rear and the snacker relishing in their power play (maybe not too unlike the Univ of Hartford student who sabotaged her roommate's belongings with her body fluids) and you might get an idea of the accidental, ignorant, or even purposeful life threatening exposures that could happen in the such an enclosed environment as a bus.

I did my research and despite the medical evidence, despite the 504 plan, despite the history of severe reactions, and despite my taxpayer status, although I couldn't afford it, because of Adam's unique medical needs and because of their greater willingness or latitude to accommodate any emergent care needs with which Adam might present, I opted to enroll Adam at the local parochial school where they were able to provide him with a person trained to recognize and respond to signs of anaphylaxis for the rides to and from school.

I feel it this bill is important. Please recognize food allergies as the hidden disability that they are give these kids the back-up they need in the community and likewise their parents the assurance that someone has their child's back.

Food allergies are a serious and growing public health problem with no cure. Fifteen million Americans have food allergies, including nearly 6 million children. In Connecticut, up to 8 percent of children have a food allergy.

Connecticut is among the top five states for food anaphylactic food reactions and food allergy diagnosis insurance claims.

An allergic reaction can escalate to anaphylaxis within minutes and, if left untreated, may cause death. Food allergy is the most common cause of anaphylaxis, but insect stings, medications and latex are other triggers

Epinephrine is the first-line treatment for anaphylaxis. It is safe and simple to administer.

Only 30 percent of reporting districts require bus drivers to have training in anaphylaxis and administering epinephrine.

Current State Department of Education (CSDE) guidelines for students with food allergies were written in 2006, updated in 2012, and are out of date with current medical and legal standards of care. As an example, CSDE guidelines do not acknowledge food allergies may be considered a disability under the ADA and Section 504 of the Rehabilitation Act of 1973.

For these reasons, I ask you to bring HB 5452 to a vote and vote YES.
Thank you.

Sincerely,

Ms. Karen DeVille
120 Steele Rd
Bristol, CT 06010-5672
(860) 302-3687
booboonushy@att.net